



**Ministry of Health and  
Long-Term Care**

**Ministère de la Santé et des  
Soins de longue durée**

**Inspection Report under  
the Long-Term Care  
Homes Act, 2007**

**Rapport d'inspection sous la  
Loi de 2007 sur les foyers de  
soins de longue durée**

**Long-Term Care Homes Division  
Long-Term Care Inspections Branch**

**Division des foyers de soins de  
longue durée  
Inspection de soins de longue durée**

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## **Public Copy/Copie du public**

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<b>Report Date(s) / Date(s) du rapport</b>	<b>Inspection No / No de l'inspection</b>	<b>Log # / Registre no</b>	<b>Type of Inspection / Genre d'inspection</b>
May 3, 2017	2017_593573_0010	011882-16, 026395-16, 028870-16, 030435-16, 031536-16, 031611-16	Critical Incident System

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### **Licensee/Titulaire de permis**

EXTENDICARE (CANADA) INC.  
3000 STEELES AVENUE EAST SUITE 700 MARKHAM ON L3R 9W2

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### **Long-Term Care Home/Foyer de soins de longue durée**

EXTENDICARE WEST END VILLA  
2179 ELMIRA DRIVE OTTAWA ON K2C 3S1

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### **Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs**

ANANDRAJ NATARAJAN (573)

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## **Inspection Summary/Résumé de l'inspection**



**The purpose of this inspection was to conduct a Critical Incident System inspection.**

**This inspection was conducted on the following date(s): April 24, 25, 26, 27 and 28, 2017**

**The purpose of this inspection was related to Log #011882-16, 030435-16 and 028870-16 regarding resident to resident and staff to resident alleged abuse. Log #026395-16, 031536-16 and 031611-16 was inspected related to an incident that causes an injury to a resident for which resident was transferred to hospital which resulted in significant change in health status.**

**During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care (DOC), Food Service Manager (FSS), Office Manager, Registered Nurses (RN), Registered Practical Nurses (RPN), Personal Support Workers (PSW), Dietary Aide and a resident.**

**During the course of the inspection, the inspector reviewed Critical Incident (CI) reports, reviewed residents health records (including care plans, progress notes, assessments, medication administration records, Geriatric Psychiatry Outreach reports, PSW daily care documentation and Fall incident reports), and home's internal investigation documentation and home's policies, as applicable. In addition the inspector observed the provision of care and services to residents, observed staff to resident interactions and observed resident to resident interactions.**

**The following Inspection Protocols were used during this inspection:**

**Falls Prevention  
Personal Support Services  
Prevention of Abuse, Neglect and Retaliation  
Responsive Behaviours**

**During the course of this inspection, Non-Compliances were issued.**

**1 WN(s)  
1 VPC(s)  
0 CO(s)  
0 DR(s)  
0 WAO(s)**



**NON-COMPLIANCE / NON - RESPECT DES EXIGENCES**

Legend

WN – Written Notification  
VPC – Voluntary Plan of Correction  
DR – Director Referral  
CO – Compliance Order  
WAO – Work and Activity Order

Legendé

WN – Avis écrit  
VPC – Plan de redressement volontaire  
DR – Aiguillage au directeur  
CO – Ordre de conformité  
WAO – Ordres : travaux et activités

Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA).

The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.

Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.

Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

**WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records**

**Specifically failed to comply with the following:**

**s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,**  
**(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and O. Reg. 79/10, s. 8 (1).**  
**(b) is complied with. O. Reg. 79/10, s. 8 (1).**

**Findings/Faits saillants :**

1. The licensee failed to ensure that the home's policy "Falls Prevention and Management" was complied with.

According to O.Reg 79/10, s. 48 (1) 2, every licensee of a long-term care home shall ensure that the following interdisciplinary programs are developed and implemented in the home: 1. A falls prevention and management program to reduce the incidence of falls and the risk of injury.

A review of the home's Falls Prevention and Management Policy #RC-06-04-01, revision date May 2016, under procedure for prevention of falls #5 indicated that - "Screen all residents on admission, annually, with a change in condition that could potentially increase the resident's risk of falls/ fall injury, or after a serious fall injury or multiple falls (if not already at high risk). Appendix 2 -Scott Fall Risk Screen for Residential Long-Term Care".

Under post fall management #2 indicated that - "Hold a post fall huddle, ideally within the hour and complete a post fall assessment as soon as possible. Appendix 9 -Post fall Assessment Tool".

A Critical Incident Report (CIR) on a specified date in 2016, described an incident that caused an injury to resident #007 for which the resident was taken to hospital and that resulted in a significant change in the resident's health status.

Resident #007 was admitted to the home on a specified date with multiple diagnoses including a history of falls. On April 26, 2017, Inspector #573 reviewed resident #007's written plan of care in place at the time of fall incident, which indicated that resident #007



was at moderate risk for falls.

On a specified date in 2016, resident #007 was transferred to the hospital and diagnosed with an injury and treated with a specific intervention, after five days resident #007 was transferred back to the facility. A review of resident #007's progress notes for three specific months in 2016, indicated that prior to the identified fall incident, resident #007 had two fall incidents. Furthermore, after re-admission from the hospital, resident #007 had another fall incident on a specified date in 2016.

Inspector #573 reviewed resident #007's health records. Upon review, the Inspector found that the Scott Fall Risk Screen assessment to reassess resident fall risk level was not completed following the resident's re-admission. Further, the post fall assessment for resident #007 fall incident on specified date in 2016, was not found in resident health record. A review of resident #007's written plan of care for falls indicated several interventions that were referenced to the previous resident's health status.

During an interview on April 27, 2017, the home's DOC indicated to the inspector that the registered nursing staff were expected to complete fall risk assessments, as per the home's policy to identify the resident's fall risk level, which helps in the implementation of fall prevention interventions. After a review of resident #007's health care record, the DOC indicated that she did not find a fall risk assessment following resident's re-admission nor a completed post fall assessment for the fall incident on a specified date, as per the home's policy. (Log #031611-16) [s. 8. (1) (a), s. 8. (1) (b)]

***Additional Required Actions:***

***VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the home's policy "Falls Prevention and Management" was complied with specifically in relation to Fall Risk Assessment and Post Fall Assessment, to be implemented voluntarily.***



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**Issued on this 3rd day of May, 2017**

**Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs**

**Original report signed by the inspector.**